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## CONTENTS.

CLINICS.	
Clinical Lecture delivered at the Meath Hospital.—Pneumonia in Children. By R. J. Graves, . . . . .	81
SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.	
Mesmerism, . . . . .	83
MEDICAL NEWS.	
Domestic Intelligence.—University of Pennsylvania, . . . . .	85
Mortality of Infants, . . . . .	85
The Medical Schools of Philadelphia, . . . . .	85
Foreign Intelligence.—Spasmodic Lowering of the Jaw, . . . . .	85
Introduction of Extract of Belladonna and Gummy Extract of Opium into the Urethra in Incarcerated Inguinal Hernia, . . . . .	85
On the means of preventing the Incontinence and Decomposition of the Urine, which are noticed after Traumatic Lesions of the Spinal Marrow, . . . . .	85
Palliative Treatment of Varicorele, . . . . .	86
Monstrosity, . . . . .	86
Escape of a Tænia Solium through the Umbilicus, . . . . .	86
Pulmonary Fistula consecutive on a Scrofulous Necrosis, . . . . .	86
Barley-water a powerful Diuretic, . . . . .	86
Danger of Arsenical Injections in Subjects intended for Dissection, . . . . .	86
Urethroplastic, . . . . .	87
Bifid Uterus and Vagina, . . . . .	87
Poisoning by an extremely small dose of Morphia, . . . . .	87
Diseased Potatoes, . . . . .	87
Creasote in Dysentery, . . . . .	88
Epilepsy, . . . . .	88
Peculiar Symptoms from Tape-worm, . . . . .	88
Mr. Wakley, . . . . .	88
Extra-Uterine Pregnancy, . . . . .	88
Montreal Eye Institution, . . . . .	88
Hospital at Kingston, . . . . .	88
Obituary Record, . . . . .	88
BRODIE'S LECTURES, . . . . .	TWENTY-FOUR PAGES.

## CLINICS.

*Clinical Lecture delivered at the Meath Hospital. Pneumonia in Children.* By R. J. GRAVES, M. D., &c.—The next case to which I shall call your attention is that of J. Duffy, a little boy who on the first of this month was attacked with symptoms of fever followed by thirst, nausea, and vomiting. On his admission six days afterwards, we found him complaining of headache and sleeplessness, but the fever, thirst, and abdominal symptoms had disappeared. The weight of the disease seemed to have fallen chiefly on the respiratory system, for he had loud, hard, incessant cough, increased by motion, and without any expectoration. The moment I heard the peculiar sound of the cough, and observed that it was increased by motion, a suspicion of the existence of pneumonia struck me, and on applying the stethoscope under the right scapula, I found extensive dullness, absence of the respiratory murmur, and crepitus. Over all the rest of the thorax respiration appeared to be clear and natural, but here, instead of the clear

sound, we had nearly complete absence of respiration, with slight crepitus. The disease was therefore fever complicated with extensive inflammation of the postero-inferior part of the lung.

Now inflammation of the parenchyma of the lung, when it attacks children, presents some remarkable points of difference from the same disease in the adult.

I am not at present prepared to enter upon an explanation of the pathological differences which exist between the pneumonia of infants and children below the age of three, and children above that age; certain it is that important differences do exist, and that also inflammation of the lungs in adults is essentially different from both. Again, in persons advanced in years a fourth variety of pneumonia occurs, whose features are very characteristic and peculiar. Observe, gentlemen, when I assert that inflammation of the lungs assumes different characters, according to the age of the individual attacked, I am touching on a practical point of the greatest importance, for I have no hesitation in adding that the same mode of

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VOL. III.—11

treatment is not applicable to any two or three varieties of pulmonary inflammation. Thus mercurial salivation rapidly produced is our sheet-anchor in the pneumonia of adults and persons in the vigour of life, but such a method of treatment cannot be applied either in infants, children, or in old persons. Again, in the pneumonia of children above three years old, nauseating doses of tartar emetic, persevered in with judgment, and combined with blood-letting, leeching, blistering, &c., are chiefly to be relied upon, whereas in infants a perseverance in the exhibition of tartar emetic for more than one or two doses is inadmissible, while minute doses of calomel, ipecacuanha and chalk, exert a most beneficial influence on the complaint. In infants, too, there must be much more caution exercised with respect to the detraction of blood; but, gentlemen, I find that this subject has not yet been examined with the attention it deserves, and that consequently we cannot yet lay down general rules for your guidance. Certain I am that much remains still to be done concerning the best means of treating inflammation of the lungs according to the age of the patient. A very good foundation for the pathology of this disease in infants and children has been laid down in an essay by Gerhard, which you will find detailed in a former number of the Dublin Medical Journal.

In the case before us there were some circumstances worthy of remark, as being calculated to make a false impression, and to prevent us from following the only mode of treatment likely to produce relief. There was no febrile action present, and the pulse was only 72, soft and regular. There was scarcely any heat of skin, the bowels were natural, and he had some appetite; the only circumstances indicative of general disturbance of the system were some foulness of tongue and want of sleep. Here the state of the pulse and skin, with the absence of fever, would be likely to mislead the practitioner, and cause him to overlook the real nature of the disease. I need not tell you, gentlemen, that this would be a very important error; the spontaneous efforts of nature would be totally inadequate to its removal, and it would in all probability terminate fatally.

You may perhaps ask, whether the state of pulse, observed in this boy, be a good or bad sign. If we look to nosological arrange-

ments, we shall find that pneumonia is generally accompanied by a strong quick pulse, in fact that this is its natural condition under such circumstances, and therefore we should say that the slow and tranquil state of the pulse in this case was not a good sign. But my impression is that, *cæteris paribus*, the quieter the pulse in pneumonia, the better. It indicates a disease of less violence and much more amenable to treatment. The worst cases I have seen, all those cases of young and healthy individuals which terminated fatally in spite of active treatment, were cases characterized by high excitement of the circulation, and where bleeding, leeching, and tartar emetic failed in overcoming the hardness, or abating the velocity of the pulse. Thus in a case which I saw with Mr. M. Colles, and where the patient was a powerful strong man, bleeding after bleeding failed to diminish either the frequency or the hardness of the pulse, neither did the most energetic measures in the slightest degree seem to check or even retard the progress of the inflammation, which, producing a rapid hepatization of one portion of the lung after another, soon proved fatal: so great was the arterial action in this case, that all the superficial veins of the hand had a distinct pulsation communicated to them. On the contrary, when the pulse is soft and slow, the disease, though likely to be latent, and thus give rise to error, is generally under the influence of ordinary treatment.—Wherever the pulse remains quick and hard after the employment of free antiphlogistic treatment, your prognosis should always be doubtful if not unfavourable.

In treating this boy's case I did not order general bleeding, for no matter where the inflammation may be situated, if it has no effect on the general circulation, if it be *unaccompanied by increase of pulse and heat of skin, you may dispense with venesection*, for it will not do any good. Here your means of treatment should be cupping, leeches, blisters, and the internal use of antiphlogistic remedies. I have ordered this boy to be leeches and blistered, and to take small doses of mercury. I beg leave to observe here, that in exhibiting mercury for pneumonia in children, or boys under the age of puberty, I do not, as in the case of adults, prescribe it in large doses, or with the view of producing a decided action on the system. In the pneumonia of adults, calomel is given in very large doses (I sometimes give it in



scruple doses twice a day), with the view of inducing sudden salivation, because we know from experience, that there is nothing which checks so rapidly the progress of inflammatory action. It is true that mercury will occasionally stop the further progress of pleuritis or pneumonia, without having affected the mouth, just as we now and then observe the removal of syphilis without actual salivation. But, generally speaking, when you give mercury to cure syphilitic iritis, common pneumonia, or pleuritis, its action is more favourable and more decidedly curative, when it operates fully on the system, as denoted by the affection of the breath, gums, and salivary glands. This, however, is not the case with respect to children or boys under the age of puberty. Mercurialization has not the same beneficial influence on the pneumonia of early life, as at the adult period, and I believe the same remark will be found to hold good with respect to the aged. Certain it is, that in very young children and infants it is scarcely possible to affect the gums, mouth, and salivary glands, in fact to establish a true sore mouth and fetid breath by means of mercury; with respect to the aged, I cannot affirm positively, that the same observation applies, but this I know, that *large doses of mercury*, calomel for instance, do not cure inflammations in old people with anything like the certainty they display in the inflammations of young adults, or of the middle aged. In the present case I have given calomel in small doses, combined with ipecacuanha. It is not my intention to carry it so far as to affect the system, and I have combined it with ipecacuanha because its administration in this way has been found exceedingly useful in the bronchitis and pneumonia of children. We attempted here the resolution of the pneumonia by leeching, blistering, an antiphlogistic regimen, and the use of calomel and ipecacuanha, half a grain of the former, and a quarter of a grain of the latter every fourth hour. This acted twice on the bowels, and it is very probable that this soluble state will continue. Yesterday I ordered eight leeches to the chest, and when the bleeding ceased, eight more were to be applied. To-day, I have ordered twelve more. When you apply leeches to the chest in children, you should not rest content with merely ordering them, you should know how they are applied. There is a vast difference between merely prescribing reme-

lies and seeing them properly employed. It too often happens that this powerful means of checking inflammation is rendered inefficient or even injurious by want of attention on the part of the physician. The leeches are ordered and sent from the apothecary's, but they are applied by an inexperienced mother or a bungling nurse. They are put on one after another anywhere they may chance to take, very seldom over the proper place, and during the whole time they remain on, the child's chest is left quite naked. This needless exposure of the chest is further increased by the habit of applying fomentations after the leeches have dropped off; the child gets fresh cold, and when the physician comes next day, he finds matters worse than before. The best way of applying them is to put them into a small box made of fresh deal shavings, such as is sometimes used for pillboxes, and place this exactly over the inflamed part. Having thus applied them over a circumscribed space, you may draw the bed clothes gently over the child's chest, and he may remain covered until they are about to drop off. When they have dropped off, instead of fomentations, order a warm dry sheet or large piece of flannel to be placed over the chest, and in this way you will be able to get a large quantity of blood without exposing the child to the risk of cold. You may perhaps think these observations unimportant and even superfluous, but I am convinced that I have seen lives lost for want of proper care and expertness in the performance of an operation apparently so easy.

#### SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

**Mesmerism.**—We have had enough of clairvoyance for a whole life; yet nothing in or connected with it has surprised us half as much as the patience of Dr. Forbes in his endeavours\* to arrive at what he calls the truth,—which, with us, is only another form of expression for exposing the fraud. *Cui bono?* What good can result? If ever there was a case that deserved and received respectful attention, it was the Tynemouth affair;—that case, thanks to Dr. Forbes and Dr. Brown, was thoroughly sifted: as our readers will remember, there was not one

\* "Notes on a few more trials with the mesmerists on a second search for clairvoyance. By John Forbes, M. D."

single assertion in Miss Martineau's whole statement relating to Jane that was not absolutely disproved by her own witnesses. Did this satisfy Miss Martineau that she had been imposed on? Not a bit of it. Well, here again the Doctor favours us with other exposures; one of them so amusingly conclusive that it is worth recording. George Goble, copying clerk to "a most respectable gentleman" in the Temple, (respectable, no doubt—"respectable" gentlemen and ladies are the tools with which knaves work; as the case of St. John Long and other Old Bailey records testify. What indeed is the value of a witness who is not respectable?) was discovered to have "the faculty of clairvoyance." Accordingly, at said "respectable gentleman's" solicitation, the Doctor consented to be present at a private performance, and was, he admits, very much astonished, though a little disappointed, at finding that said "copying clerk" was an old hand at these tricks, and had formerly exhibited in public, under both Mr. Vernon and Mr. Brooks. George's great feat was seeing through a solid body,—reading a paper placed in a card-case, and so forth. The Doctor, having been taken somewhat unawares on this occasion, proposed another performance, which was agreed to; and he went the second time, accompanied by Professors Sharpey and Graham. Of course precautions were now taken, and an attempt was made not only to test George's power but his honesty. George, it appeared, when in his mesmeric trance, was accustomed to throw himself about, after a strange fashion, on the sofa, and a suspicion very naturally crossed the Doctor's mind that, in this way, he contrived to open the card-case and read the writing. Mr. Sharpey therefore took with him a card-case filled with little bits of cork. "George," says the Doctor, "himself proposed that, to do away with all possible suspicion of unfair play, the card-case should be *tied up*. Accordingly, George himself tied the card-case, in the common cross-fashion, with red tape, &c. George immediately proceeded to his sofa, and went through all his wonted manœuvres, pressing the case to his forehead, and breathing on it with marvelous energy and unction. He was evidently in better spirits than during the last experiment, and openly expressed his conviction that he should 'do it' this time. The *sub-pulvinary* manipulations were, of course, not forgotten, and were

closely watched. After a considerable time, and often-repeated strong action of the hands, perceptible through the muscles of the arms, some of our party had a glimpse of the card-case, under the edge of the pillow, *without its ligature*, and of the ligature *without its box*! Soon after, we were struck by the sudden and unusual stillness and tranquillity of George, still prone on his field of action; his hands remained motionless in their hiding place, his head and face buried in his pillow, and we began to think he had gone to sleep—when lo! we observed him hurriedly and repeatedly putting his fingers to his mouth, as if placing something therein, and, almost at the same moment, we observed some small fragments falling on the floor beneath the sofa, and exactly below the place of the pillow! These proved to be fragments of *cork*—mostly comminuted, but some still bearing the characteristic form and dimensions of those so ingeniously concealed by Dr. Sharpey in his card-case. Searching under the pillow, we found some more of them, and also detected the *hiatus valde defendus* in the sofa, through which they had found their way to the carpet! The case was now clear; although George made one more effort to deceive us by exposing the card-case above the pillow *still tied by the tape*, and finally by placing it on the floor beneath his master's foot. But our patience was at last exhausted; we laid hold of the card-case, and announcing George's roguery and its detection, we forced still more of the unlucky cork-slips from his hands and from his mouth! Poor George was now fairly beaten—and he knew it; all his cunning and impudence, and all his magnetism, deserted him at once; he woke up in the most natural manner imaginable, without any de-mesmerizing process, and with none of that gentle, progressive unlocking of the senses, exhibited on previous occasions; and throwing himself on his knees on the ground, in an agony of shame and terror, confessed his roguery, and implored forgiveness! In doing so, however, the meek and penitent George, like all other habitual culprits when detected, of course strenuously asserted that this was his *first offence*." The *cui bono* is again on our lips. Was the "respectable gentleman," who desired "to seek the truth, and the truth only," convinced? Why he forthwith wrote to Dr. Forbes, that George "*was not awake*" when he fell on his knees and made



the confession—that he subsequently awakened him “in due mesmeric form!” that “he awoke in an agony of tears, quite unconscious of what had passed, and remains so at this moment.” Now if we were to allow this nonsense to pass as true, how would it affect the question? Was the “respectable gentleman” himself, were Dr. Forbes, Professors Graham and Sharpey all in a mesmeric trance, when they saw him open the card-case, and found the fragments of cork in his hands, mouth, and on the floor? One word at parting: Dr. Forbes may rest assured that he cannot minister to minds so diseased,—that “respectable gentlemen” or ladies, when they have eaten of the insane root, when they have once declared their faith in humbug, are beyond the reach of logic; whether equally beyond the reach of medicine we shall not take on ourselves to determine. The attempt, however, to convince them is not without risk. Dr. Forbes has himself startled us by the admission that “reading the words enclosed in these card-cases would at once establish what is called clairvoyance!” Now in all good humour we must observe that there is a lamentable halt in such reasoning—the reading the words enclosed would have proved only that George was a cleverer fellow than the Doctor supposed, and able to outwit a Doctor and two Professors. Why we have known common conjurors who would have been more than a match for the whole College of Physicians.—*Athenæum*, Sept. 13, 1845.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*University of Pennsylvania.*—This institution is justly entitled to the appellation of the parent school of medicine in the United States, having been in existence eighty years, exhibiting a list of nearly four thousand and four hundred graduates, and having contributed to the education of between eleven and twelve thousand physicians.

We have before us the annual report of the faculty, from which we learn that at the last session there were four hundred and forty-seven matriculates, and one hundred and sixty graduates. \* \* \*

Notwithstanding the multiplicity of medical schools throughout the country, we are pleased to see that this ancient and renowned

seat of professional learning still retains its merited popularity, and that the proportion of its students and graduates has in no wise diminished.—*St. Louis Med. and Surg. Journ.*, Oct., 1845.

*Mortality of Infants.*—The mortality of infants, “it seems to be admitted on all hands,” it is said in the *St. Louis Med. and Surg. Journal*, “is greater in St. Louis than in any other American city of its size.”

*The Medical Schools of Philadelphia.*—The session of 1845-46 will commence on Monday, Nov. 3. The prospect of large classes is, we learn, flattering.

### FOREIGN INTELLIGENCE.

*Spasmodic Lowering of the Jaw.*—M. MALGAIGNE thinks that many cases of spasmodic lowering of the jaw have been described as dislocations; he has never been able to produce dislocation on the *dead* subject.

*Introduction of extract of Belladonna and gummy extract of Opium into the Urethra in incarcerated inguinal Hernia.* By Dr. TRONSONE.—The taxis, application of ice, venesections, clysters, &c., having all been employed in vain in a case of incarcerated hernia, in which the operation was obstinately refused, the author resorted to the method recommended by Riberi, by injecting into the urethra a mixture of ten grains of extract of belladonna and six grains of gummy extract of opium, by means of an elastic catheter, and applying some of the mixture to the hernia itself. Within a few hours after the injection the hernial swelling had disappeared, and all incarceration was removed.—*Med. Times*, Sept. 27, 1845, from *Schmidt's Jahrbuch*.

*On the means of preventing the Incontinence and Decomposition of the Urine, which are noticed after Traumatic Lesions of the Spinal Marrow* (Segalas).—First, the bladder of every man affected with traumatic paraplegia must be emptied regularly; secondly, the catheter must not be left in the bladder; and thirdly, those remedial measures which irritate the bladder must be avoided. These useful precepts are also applicable whenever, under any circumstances, the urine becomes spontaneously

decomposed in the bladder before its elimination.—*Ibid.*, from *Bouchardat's Annuaire*.

*Palliative treatment of Varicocele.*—M. HERVEZ (de Chegoin) calls this treatment palliative, because it is to varicocele what a bandage is to hernia. It does not cure it, but it removes the attendant inconveniences. It consists in drawing down the skin of the scrotum on the diseased side, and surrounding it with a circular bandage. The testicle is thus pushed upwards, the varicose condition of the veins disappears immediately, and with it all the inconveniences it occasioned. The first time I had recourse to this simple measure, says M. Hervez, was for a young man who was about to be married, and who had not time to be operated on. He became so well under it, that he would not have anything else done.—*Ibid.*

*Monstrosity.*—M. NICOLAS presented to the Academy of Medicine the body of a new-born infant, in which the bones of the upper portion of the cranium were wanting. A considerable portion of the brain escaped during its delivery, yet the child lived an hour, and uttered strong cries.

*Escape of a Tænia Solium through the Umbilicus.*—M. SIEBOLD relates in the *Archives Gén.* for June, 1844, the case of a young man in whom a tænia solium escaped from an abscess over the umbilicus.

*Pulmonary Fistula consecutive on a Scrofulous Necrosis.* By M. GRAPIN.—A young man, seventeen years of age, but not apparently more than twelve, and of scrofulous parents, when thirteen years of age, became affected with scrofulous tumours and abscesses which opened in many parts of the body. On the 30th of July, 1844, he was in the last degree of marasmus, with cough, purulent expectoration, and difficult breathing, with diarrhœa. Over the fifth rib of the right side, below the margin of the pectoral muscle, was a considerable sized opening, from which air and purulent matter escaped with a whistling noise during expiration. This had existed for eight months. It was previous to that time an abscess, which had opened and continued to discharge matter ever since. The rib under the opening was carious. There was no symptom of effusion within the chest or of pneumothorax. The chest was sonorous

on percussion, excepting immediately around this aperture, where the mucous rattle was observable. On the side of the neck was a fistulous opening which communicated with the third and fourth cervical vertebræ, which were carious; œdema of the extremities, swelling of the glands, &c., were present.

On his death, it was ascertained that the opening opposite the fifth rib communicated with a sac in the lung, into which one of the larger bronchi entered. The lung at this point was adherent to the chest, and the rib was carious and fractured. In the sac in the lung was found a triangular shaped sequestrum from the rib. The interior of the cavity was lined by a shining membrane apparently continuous with the mucous membrane of the bronchus. Miliary and agglomerations of gray tubercles were found scattered throughout the lungs.—*Ed. Med. and Surg. Journ.*, Oct., 1845, from *Archives Gén.*

*Barley-water a powerful Diuretic.*—According to M. THEMONT, barley-water is a powerful diuretic, and may be employed with advantage in cases where more powerful diuretics might prove deleterious. He boils two handfuls of barley in three pints of water down to two pints, and gives a cupful five or six times daily. He relates a case of dropsy depending on hypertrophy of the heart, in which, by this simple means alone, a copious diuresis was produced which removed the dropsical swellings in a few days.—*Ibid.*, from *Journ. de Pharm.*

*Danger of Arsenical Injections in Subjects intended for Dissection.* By M. BENOIT.—As arsenical injections are very often used now to preserve bodies for dissection, it is right to be aware of the dangers resulting from the practice. At a *concours* held lately at Montpellier, six bodies were given for dissection, five of which were injected with an arsenical solution of the strength of about 900 grains of arsenious acid to about 2½ pounds of water. The five gentlemen to whom these injected subjects were allotted were attacked with severe symptoms of arsenious poisoning, as drowsiness, colic, diarrhœa, vomiting. All, too, were affected with a severe and continuous lancinating pain at the extremities of the fingers. This pain had its chief seat in the bulb of the finger and the circumference of the nail. The painful part was visibly swollen, and an ap-



pearance resembling ecchymosis was perceived through the nails, which were afterwards cast off. These five individuals were also troubled with uneasy tremors of the upper extremities. They all recovered. It is asked whether these symptoms, especially the pains in the fingers, were produced by the direct absorption of the poison, or by the breathing the arseniuretted hydrogen, which it has been ascertained animal bodies exhale when preserved by means of arsenic? Perhaps both causes had their share in the production of the symptoms.—*Ib.*, from *Journ. de Pharm.*, Feb., 1845.

**Urethroplastic.**—A man, in consequence of losing about three inches of the lower portion of the urethra and adjoining integuments, from gangrene supervening on an extravasation of urine, applied to M. Jobert. When his constitution had sufficiently recovered the effects of this severe injury, M. Jobert removed a flap of integument from the scrotum and back of the penis, and applied it to the parts where the urethra had been destroyed. A fine catheter was left in the bladder till the cicatrization was completed. The operation succeeded. The patient now makes his water freely through the restored urethra, only the penis remains slightly curved in consequence of the cicatrix resulting from the removal of the integument.—*Ed. Med. and Surg. Journ.*, from *Arch. Gén.*

**Bifid Uterus and Vagina.**—Dr. HUGUIER mentioned to the Academy of Medicine, Sept. 23, the case of a woman, still living, who presents a double uterus and a double vagina. This person has had a child, and on examining the organs with the speculum, the left womb is found to have traces of impregnation, the os uteri being oblong transversely, and has evidently been lacerated in labour. The os tincæ on the right side is circular and virginal. After accouchement, milk was secreted only in one breast, on the same side of the gravid uterus.—*Med. Times*, Oct. 4, 1845.

**Poisoning by an extremely small dose of Morphia.** By M. DANYAU.—A woman with disease of the uterus was suffering from obstinate vomiting. For this a blister was applied to the epigastric region, and dressed with the thirty-second part of a grain of the hydrochlorate of morphia. As this very

small quantity produced scarcely any effect, it was repeated the next day. Shortly after this she fell into a state of complete narcotism. There was great drowsiness, ringing in the ears, fever, marked alteration in the intellect, objects were seen indistinctly, so that only the eye or arm of her attendants were seen, and soon she was seized with convulsions. She was twice bled, ice was applied to the head, sinapisms to the thighs, and she gradually recovered, though for several days there remained weakness, confusion of sight, and embarrassment of speech.—*Ibid.*, from *Gaz. des Hôpitaux*.

**Diseased Potatoes.**—The following remarks from Mr. Herapath, a distinguished English chemist, are worthy of notice:

“My attention has been given to the disease which has shown itself so extensively amongst the growing potatoes. I find, in almost every instance that the epidermis of the stalk below the surface of the ground is more or less in a state of decay, often disintegrated, and completely rotten; the leaves and branches accord with the state of that part of the stalk below the ground. The tuber, beneath the outer skin, is first spotted brown (like a bruised apple): these spots extend and penetrate towards the centre, quite changing the nature of the potato. Those near the surface are most injured; in some cases the lowest on the root are not at all affected, while the upper ones are useless. I should therefore expect that the longer the crop remains in the land, the greater the injury will be. It seems, from the microscopic appearances, that the starch escapes injury for a long time after the skin and cellular parts are gone; and as the whole of the nutritive powers of the potato reside in the starch, I should recommend that wherever the disease has shown itself to any extent, the crop should be dug, whether ripe or not, and the starch extracted by the following simple process:—After washing the roots, let them be rasped fine, and thrown into a large tub or other vessel; pour a considerable quantity of water, and well agitate and rub the pulp with the hands; all the starch or secula will, from its great weight, fall to the bottom, while the skin and fibrous matter will be carried away by the water; wash the starch with one or two more waters, allowing it to fall after each washing; spread it upon cloths in a warm room to dry—in this way about twenty or

twenty-one pounds will be obtained from every one hundred pounds of potatoes, and will contain as much nourishment as the original roots; it will keep any length of time, and may be used with flour to make bread, pies, puddings, &c., as well as farinaceous spoon-meat. This is much better than throwing away the diseased roots, and will furnish food for tens of thousands who might otherwise want it."—*Ibid.*

*Creasote in Dysentery.*—In a severe form of dysentery which occurred near Tunbridge Wells, and in which all methods of treatment appeared unsuccessful, the mortality being as high as 25 per cent., Dr. WILMOT thought of trying creasote enemata in the strength of  $\mathfrak{zj}$  to  $\mathfrak{z}xij$  of starch. This remedy produced a speedy amelioration of the disease.

*Epilepsy.*—The occasional suspension of this disease by the supervention of intermittent fever, has led M. SELADE to endeavour to establish an artificial intermittent by the use of means which bring about a state resembling the several stages of the genuine disease. Thus, in order to induce the facitious cold stage, the patient is submitted to a prolonged immersion in cold water. He is then placed in a heated room, and covered with bed-clothes, until the hot and sweating stages are counterfeited. Dr. S. states, as the result of his observations, that after the repetition of this process for a few times, at the same hour, the artificial intermittent establishes itself without the intervention of the bath; and details two cases in which obstinate epileptic attacks were thus completely and permanently removed.—*Ranking's Abstract.*

*Peculiar Symptoms from Tape-worm.*—Dr. STEINBECK observed in a woman twenty-two years of age a strange case of vertigo, with continual humming in both ears, for which she could assign no cause whatever. The complaint had already lasted a year, and many internal and external remedies had been employed, but with no benefit. The humming appeared first, increased gradually in strength, and was at last accompanied with the giddiness before mentioned, which occurred from two to four times a-day. Congestion of blood to the head being the supposed cause, leeches, foot-baths, and purgatives were employed.

After the patient had been treated inefficiently by the above remedies for four weeks, the author was called in, and considered the disorder to proceed from abdominal nervous derangement. He ordered, therefore, anti-hysterics, but to no purpose. All on a sudden violent vomiting ensued, which yielded at length to prussic acid. The patient took two drops every two hours, when the vomiting ceased after a few doses, and the patient felt a certain ease, which she had not perceived for two years. The nervous abdominal symptoms—retching, humming, and giddiness—had entirely vanished. The cause of these complaints soon became evident, for on the following day a perfect, dead tape-worm, fifteen yards long, was evacuated, though the want of the usual helminthic symptoms neither suggested to the first physicians nor to the author the proper diagnosis. The strong doses of prussic acid had undoubtedly killed the worm. Since the latter has been evacuated, the woman is perfectly healthy, and no longer suffers from the previous giddiness or humming.—*Ibid.*, from *Pr. Vereinszeitung.*

*Mr. Wakley.*—The late journals contradict the report of Mr. Wakley having had an apoplectic attack.

*Extra-uterine Pregnancy.*—Professor M'CULLOCH, of Montreal, records in the *British American Journal* a case of extra-uterine fœtation, in which the child was removed by the Cæsarian operation, and the mother recovered.

*Montreal Eye Institution.*—An institution for diseases of the eye has been opened at Montreal, under the care of Dr. Morson; Dr. Macdonnell being the consulting physician.—*British Am. Journ. of Med. and Phys. Sci.*, Oct., 1845.

*Hospital at Kingston.*—An hospital for the reception of medical and surgical cases has been opened at Kingston, Canada, under the immediate professional charge of Dr. Hallowell and Dr. Sampson.—*Ibid.*

*Obituary Record.*—The death of Prof. D'OUTREPOINT, professor of midwifery in the University of Wurtzburg, and one of the most eminent obstetricians of Germany, is noticed in a recent foreign journal.